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Any publication or article listed in this Bulletin may be borrowed free of charge from the Bureau of Information of the National Society for Crippled Children. Bibliographies listing similar articles, or loan package libraries containing additional literature on any of the subjects discussed in these articles, will be sent to any interested person upon request.

Articles appearing in the bimonthly magazine, The Crippled Child, or in the monthly news letter of this Society, The Crippled Child Bulletin, are not listed in this bulletin.

BULLETIN ON CURRENT LITERATURE

Prepared by Lillian Dowdell, Librarian

Issued monthly to affiliated state and local societies for crippled children, to state agencies engaged in the treatment, education or vocational rehabilitation of cripples, and to public or private institutions or agencies having Institutional Membership in the National Society for Crippled Children.

48. Aslin, Mildred, O.T.R. Occupational therapy department provides homebound service at request of physicians. Hospital Management, March, 1941. Vol. 51, No. 3, pg. 75.

The Hartford (Conn.) Hospital now has, in addition to its regular hospital occupational therapy department, one occupational therapist who spends half her time in the convalescent hospital branch, and the other half in the homes of patients referred by doctors from the hospital staff. The service is provided more for patients under medical prescription than for the chronic shut-ins who are not under medical care.

49. Barrett, Paul S., M.D. Public health aspects of heart disease in children. Journal of Health and Physical Education, March 1941. Vol. 12, No. 3, pg. 155.

Dr. Barrett discusses the causes and possible means of prevention of heart disease, and the special problems which it causes in education, mental hygiene, family adjustment, and health.

50. Bowden, Aneta E. Summary of recent state legislation requiring premarital and prenatal examinations. U.S. Public Health Service, Washington, D.C. Jan. 15, 1941. 19 pages. (Mimeographed.)

51. Chandler, Fremont A., M.D. Congenital dislocation of the hip. Public Health Nursing, March, 1941 Vol. 33, No. 3, pg. 170.

52. de Koning, Blanche H., R.N. A ten-year plan for youth. Journal of Exceptional Children, March, 1941. Vol. 7, No. 6, pg. 241.

"The work that is being carried on in the high schools of Grand Rapids and towns of Kent County, Michigan, is a cooperative program aimed at the prevention of tuberculosis through education and early discovery ... [by tuberculin testing.]

"Arrangements for immediate chest X-rays, followed by thorough education in the homes of all positive reactors, should be made before testing is begun. Unless this is carried out quickly fear and other severe mental reactions will do a great deal of harm among the positive reactor students and their parents. Orders are given immediately to all positive reactors and dates are set for their chest X-rays which are paid for by the Grand Rapids Anti-Tuberculosis Society ... Our two staff nurses then call at the homes of these positive reactors to interpret X-ray reports and to educate them about tuberculosis.

"...We average about 10,000 people tested annually, most of them high school and college students, and in 1939 we had 18 per cent positive reactors. This was higher than usual because among those tested were 432 industrial workers, who ran 54 per cent positive. In 1929 positive reactors averaged 25 per cent in our high school groups. In 1932 one large high school had 20 per cent positive reactors, while in March 1940 that same school had a record of only 10 per cent positive. A great deal of education about the problem has been poured into this 'teen age group during the past ten years and they are helping us to find and diagnose those adults in their families that are causing infection. ...

"Our tuberculosis death rate in Grand Rapids has dropped from 52.3 in 1929 to 18.75 in 1939, a reduction of 64 per cent in ten years. In the decade from 1930 to 1939 inclusive we have tested or retested 35,511 people, most of

them in the 'teen age or high school group. Of this number, 5,953 or 17 per cent had positive reactions and chest X-rays...

"Among those that had positive reactions we found 105 with an open, active, adult type of tuberculosis, most of whom had been attending school regularly and showed no signs of apparent disease. ... Almost half of the active cases discovered were family members found through our home follow-up service. ..."

53. The Doctor Says. U.S. Public Health Service, V.D. Folder No. 4, 1941. Free. (Quantity orders should be directed to Supt. of Documents, Washington, D. C. - Price: One dollar per 100.)

A folder advocating and explaining to the layman the premarital blood test for syphilis as a means of preventing this crippling disease.

54. Ebert, Virginia B. Case work services to children with rheumatic heart disease. The Family, March, 1941. Vol. 22, No. 1, pg. 7.
55. Falk, I. S. and Sanders, B.S. The prevalence of disability in the United States with special reference to disability insurance. Social Security Bulletin, Jan. 1941. Vol. 4, No. 1, pg. 3.

"...it is estimated that on the average day of the year there probably are approximately 7 million disabled persons in the United States - that is, persons of all ages, who, because of hereditary or congenital defects, accidents, or disease, are unable, temporarily or permanently, to engage in gainful occupation or to follow their other normal pursuits. This ... is roughly equivalent to a rate of almost 55 disabled persons per 1,000 in the population.

"...It is further estimated that approximately one-third of the 7 million disabled consist of cases in which the disabilities are of a year's duration or longer, and that of these 2.4 million persons about 57 percent /about 1.4 million/ are physically disabled and about 43 percent mentally disabled. ...

"The estimate of the extent of permanent disability under an insurance program is based on specifications included in a bill (S.3924) recently introduced in Congress by Senator Wagner. This bill proposes disability benefits for insured workers who become permanently and totally disabled and who are both fully and currently insured under the terms of the Federal old-age and survivors insurance system. ..."

56. Foster, Constance J. The handicapped child. Outwitting Handicaps, January-February, 1941. Vol. 7, No. 1, pg. 12.

A condensation of a chapter by the same title from Mrs. Foster's book, "The Attractive Child: The Care and Development of Your Child's Beauty." The chapter is one of advice to parents on the development of a proper attitude in the handicapped child - "A crippled body cannot daunt an uncrippled spirit. To create such a spirit is the challenge that every parent of a handicapped child may accept with joy and courage."

57. Heck, Arch O. What's new in special education? Michigan Education Journal, Feb. 1941. Vol. 18, No. 7, pg. 386.

This brief article mentions new types of special provisions for the following groups: delinquent, mentally handicapped, gifted, and spastics.

58. Here today - gone tomorrow. (The Travelers 1941 Book of Street and Highway Accident Data.) The Travelers Insurance Co., Hartford, Conn. 1941. 36 pp. Free

"The year 1940 was a year of retrogression, of disappointment and disillusionment in virtually every respect pertaining to street and highway safety. In this one year, no fewer than 35,000 persons were killed by automobiles and 1,320,000 were more or less seriously injured. The death and injury toll exceeded that of 1939 and 1938 by a considerable margin.

"On a single day, October 4, 85 persons were killed and 1,496 others were critically injured. ...A detailed account of this one day's disaster will be found ...[in this book]. October 4 was selected not because it had any special significance; on the contrary, it was chosen for this survey because it was as near to being an average day as any on the calendar. ...Indeed, most days must have been even more catastrophic for if we divide the total deaths, 35,000 by 366 days in 1940 we find that fatalities averaged more than 98 a day."

59. Home instruction in New York City. Journal of Exceptional Children, March, 1941. Vol. 7, No. 6, pg. 246.

Home teaching for crippled children started as a part of the New York City school system in 1913 when 125 volunteer teachers participated in an experimental project. Following the 1916-1917 poliomyelitis epidemic, this service was recognized as a necessary one, and in 1919, 25 home teachers were employed. Today there are 214 teachers for 1,712 homebound children in New York City.

Besides the information on the history and general plan of the home teaching system in this large city, this article gives a description of a cooperative newspaper project, "The Home Instruction Gazette", carried on by eight homebound pupils of one special teacher.

60. Kelly, Ellen, Ph. D. Feet first! Hygeia, March 1941. Vol. 19, No. 3, pg. 178.

An article for the layman on the structure and care of the foot, which emphasizes the prevention of needless foot deformities and of ill-health and discomfort caused by neglected or mistreated feet.

"The child's feet develop according to his general physique and vitality. These characteristics may be inherited but are usually the result of the care the child receives. His feet also develop according to the shoes he wears, and according to the way he uses his feet, that is, his habits of walking."

61. Lavo, George. Vocational adjustment of the handicapped. Journal of Exceptional Children, March 1941. Vol. 7, No. 6, pg. 219.

Mr. Lavo calls attention to some of the present trends in the vocational adjustment of the handicapped - education of teachers for vocational guidance; publication of literature upon the subject; provision for adjustment through vocational rehabilitation programs and state employment services; passage of special legislation such as that providing vending stands for the blind in public buildings; and provision of special facilities for vocational guidance, sheltered employment and placement by private agencies.

He discusses at some length the problem of vocational guidance, which he defines as "a process of assisting an individual to select an occupation, prepare for it, enter upon it, and progress in it." The various steps of

this process - occupational analysis, determination of feasibility of occupations, counseling, prevocational and vocational training, placement, and follow-up - are discussed in their relation to the handicapped. In discussing placement, Mr. Lavos outlines some of the major objections of employers to the handicapped, and recommends ways of meeting these objections.

"Conclusions - A very important part of the program of vocational adjustment of the handicapped is the constant enlargement of vocational opportunities for them. Occupational analyses are one method whereby such enlargement may develop. Another is the lessening of legal restrictions or barriers. The development of workshops, and markets for the products of workshops, is another significant problem. Still another is the widening of civil service regulations to ease the admittance of competent handicapped into state service. These problems require time and research for their solution.

"The establishment of a program of vocational guidance as outlined on the preceding pages, adequate placement of trained handicapped, elimination of artificial barriers will enable the handicapped to become contributing members of our society."

62. Miller, Melba M. Some factors in the learning difficulties of spastic children. Journal of Exceptional Children, March, 1941. Vol. 7, No. 6, pg. 227.

Explains effects of the following factors on the learning difficulties of the cerebral palsy child:

- Primary mental defect due to cell destruction;
- Speech defect;
- Auditory defect;
- Restricted physical activity;
- Personality and conduct disturbances - either directly caused by structural and physiological involvement or indirectly resulting from the frustration in behavior imposed by the motor handicap;
- Social immaturity and dependence;
- Inadequacy and maladjustment of the ordinary school environment for this type of child;
- Fatigue;
- Variability in lengths of time the child can concentrate from day to day and irregularities of mental performance;
- Left-handedness;
- Lack of sense of direction;
- Lack of integration and coordination necessary for many learning processes.

Advice is given to teachers for meeting some of these problems of the spastic:

"To determine the most profitable methods of teaching a spastic child the teacher must evaluate his various age levels. What is the child's physical age, social age, personality quotient, mental age, educational achievement, and vocational quotient in relation to his chronological age? Since each child varies in his planes of development, in effect the teacher must realize and work from the several different levels to the child's own maximum capacity for development in each one of these areas. The teacher should recognize the child's assets, for his functional disability is usually greater than his organic one. ...

"The handicapped child learns only after innumerable directed repetitions what the average normal child picks up incidentally in the natural course of his development. ...For example, through studying the calendar every day the spastic child will learn the names of the days of the weeks and of the months. His learning cannot be forced, and his retention is poorer than normals.

"Since spastics do learn so laboriously, it is necessary to use the greatest economy of time and to teach only the fundamentals. ... Spastic children respond best to routine of schedule. Their motor handicaps make their motions slow and awkward. They do not adjust well when plans must be changed quickly. It is, therefore, wise for the teacher to prepare her spastic pupils in advance for assemblies, special programs, or other activities that would disrupt the regular schedule. ...

"Speech training should best be begun when the spastic child is from two to five years of age because that is the time when the normal child develops language and it should be easier to train the spastic then. Early training also eliminates the necessity for unlearning poor speech patterns after they have become established habits. ...

"About 65 per cent of cerebral spastic palsies are left handed. ... If the child uses his left hand because of a motor handicap in the right, he may be working against the tendency to reversal. However, if the right side of the brain were naturally the dominate one and the cerebral lesion were on the left side of the brain only, no confusion would be present. This is true because the right cranial hemisphere controls the left side of the body. In this case the motor function of the left-handed child would not be impaired.

"If the spastic cannot write because he lacks a sense of direction, he should be taught to use a typewriter. Although the child may seem to have little difficulty in using his hands, he may find a skilled act like writing beyond his powers. ... The difficulty in drawing and writing is not primarily lack of motor control, but it is a sensory defect that causes confusion in the reproduction of direction. ...

"Many apparently intelligent spastic children may fail to learn to read because of special defects in the visual or auditory receptive centers of the brain. Those left-handed children with a tendency to make right to left motions will read backwards and will probably make little progress in reading. Devices that compel the eye to follow the correct direction can be used. Difficulty in focusing is reduced by using the magna type print. ..."

63. Moore, Fred, M.D., and Studebaker, John W. Organization and administration of School Health Work. U.S. Office of Education Bulletin 1939, No. 12. Supt. of Documents, Washington, D.C. 15¢. (Released February, 1941)

In the first part of this booklet, U. S. Commissioner of Education John W. Studebaker discusses general administrative policies for a school health program. He makes the following statements: "Health instruction consists of the formation of habits, the acquisition of knowledge, and the creation of attitudes conducive to healthful modes of living. ...The school health program also includes physical activities properly graded to pupil capacities and interests, balanced programs of study, work, and recreation. " "...Public education must work out methods by which essential medical and dental services to pupils may be provided by appropriate agencies."

In the second part, Dr. Fred Moore, Director of the Department of Health of the Des Moines public schools, describes in detail the methods of administering a school health program. Among the activities composing a school health program, he lists physical examination of the children and services to special schools for children with special handicaps.

64. Placement of Physically Handicapped Applicants Through Public Employment Offices. Part VII (pages 701-788) of Employment Service Handbook of Information, State Operations Bulletin No. 10, Bureau of Employment Security, Social Security Board, Washington, D.C. Feb. 1941. (Mimeographed.)

This handbook for placement agents has chapters on: The nature of the vocational problems of the physically handicapped; The frequency of physical handicaps in the general population; Organizations and agencies offering services to the physically handicapped; Special problems in placement of the handicapped; Types of physical handicaps and their relation to job opportunities; Suggested office organization for service to the physically handicapped; Developing placement opportunities for the physically handicapped; Job analysis; Special office procedures related to service for the handicapped; and Special services for disabled veterans.

The appendix contains a bibliography, sample record forms and referral forms, and a draft agreement for cooperation between the State Employment Service and the State Rehabilitation Service.

65. Smith, D.H., M.D. Home care of the chronically ill. Public Welfare News, Feb. 1941. Vol. 9, No. 2, pg. 5.

"At the present time [in New York City] nearly 4,000 chronically ill patients are being treated in their own homes. The service includes: medical, nursing and dental care; medication; eye examinations; the provision of glasses and other necessary appliances, such as belts, braces, shoes; housekeeping service; and increased allowance for special diets. The home care service is for the benefit of the chronically ill who do not require hospital care and who are not able to attend a clinic. Medical eligibility is established by a group of special medical examiners. ... When the case has been approved for home care by a medical examiner, the patient makes his own choice of physician.

"Requests made by the attending physician for trusses, abdominal belts, crutches, or any type of orthopedic appliance, are submitted by the medical social worker to the medical director for approval or disapproval. When such requests are made, a specialist in orthopedics is assigned to visit the patient and make his recommendation to the medical director. ..."

66. Sprague, Anne. The volunteer plays with Tommy. American Journal of Nursing, March, 1941. Vol. 41, No. 3, pg. 270.

An account of volunteer services in providing recreation, and especially toys, for children in Detroit hospitals.

"These four years of experience in recreation work in hospitals have shown that volunteers who are carefully chosen and well supervised can render a valuable service to convalescing children in hospitals and well babies in nurseries. They can supply some things which the hospital staff may be too busy to give in any large measure - interesting things to do, toys to play with and the special kinds of attention which all children need."

67. Teaching aid for shut-ins. The School Executive, Feb. 1941. Vol. 60, No. 6, Adv. pg. 70.

A brief article advertising a two-way telephone system for teaching homebound children simultaneously with classes in schools - "15 Iowa school districts are now providing for shut-in pupils in this way."

68. Tice, Frederick, M.D. Tuberculin testing in the Chicago Schools. Bulletin of the City of Chicago Municipal Tuberculosis Sanitarium. Years 1938-1939-1940. Vols. 18-19-20. 1-12, inc.

This entire, 92-page bulletin is devoted to a study of a three-year tuberculin testing program in Chicago schools sponsored by the Municipal Tuberculosis Sanitarium and the Tuberculosis Institute of Chicago and Cook County.

Publications

- American Journal of Nursing, 1790 Broadway, New York, Monthly. \$3 year; 35¢ copy.
Bulletin of City of Chicago Municipal Tuberculosis Sanitarium, 2049 West Washington Boulevard, Chicago, Illinois.
The Family, Family Welfare Association of America, 122 E. 22 St., New York City. Monthly except August and September. \$1.50 year; 25¢ copy.
Hospital Management, 100 East Ohio St., Chicago. \$2.00 per year; 20¢ copy.
Hygeia, American Medical Assn., 535 N. Dearborn St., Chicago. Monthly. \$2.50 year; 25¢ copy.
Journal of Exceptional Children, 1221 Boston Ave., Flint, Michigan. Monthly. \$2 a year; 30¢ copy.
Journal of Health and Physical Education, 1201 Sixteenth St., Washington, D. C. Monthly, September to June, inclusive. \$2 year; 35¢ copy.
Michigan Education Journal, Michigan Education Association, Lansing. Monthly. \$2 year..
Outwitting Handicaps, 12716 Tuller Avenue, Detroit, Michigan. Bi-monthly. \$1.50 year; 25¢ copy. (50¢ a year to handicapped persons.)
Public Health Nursing, 1790 Broadway, New York City. Monthly. \$3 year; 35¢ copy.
Public Welfare News, American Public Welfare Association, 1313 East Sixtieth Street, Chicago, Illinois. Monthly. \$2 per year (for persons associated with public welfare work.)
The School Executive, Orange, Connecticut. \$2.00 per year; 25¢ copy.
Social Security Bulletin, Superintendent of Documents, Washington, D. C. Monthly. \$2 per year; 20¢ copy.